Name in Full: Charles E. Baden

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Hedgesville — (County): Prince George

Date of death: Month: March — Day: 9 — 1906

Age: Years: 11 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Prince Geo. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Charles P. Baden — Father's Birthplace: P. G. Co. Md.

Mother's Maiden Name: M. J. Murphy — Mother's Birthplace: Chas Co Md.

Name of person giving information: Cleveland Murphy — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

118

Primary: — How long: —

Immediate: Apendicitis — How long: 12 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. O. Simms

Address: Walcoff Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Robert Francis Bell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosecroft; County: Pr. Geo.

Date of death 1906: Month 3; Day 1

Age: Years —; Months 2; Days 19

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Robert H. Bell

Father's Birthplace: Md.

Mother's Maiden Name: Florence E. Bell

Mother's Birthplace: "

Name of person giving In formation: R. H. Bell

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus —

How long: 2 mos

Immediate: Exhaustion

How long: —

151

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Jeremiah Brown

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rosecroft — County: Pr. Geo.

Date of death 1906 — Month: 3 — Day: 19 — Years: 65 (?) — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, ~~Single Widowed~~ — Name of Wife or ~~Husband~~: Margaret Brown

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: Elizabeth Dorsey — How releted to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia — How long: 3 days

Immediate: Same — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft Md

~~Accident or Suicide?~~

PHYSICIAN OR CORONER

Name in Full

Mary Agnes Jones Brown

Certificate of Death

Died at Town: Queen Anne County: Prince Georges MARYLAND

Date 1916 Month 3rd Day 27th | Age Y. 26 M. D. | Native of Md. | Occupation Housewife

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored ~~Single~~ Widower Number of children living 3

~~Husband~~ Wife of Thomas Brown

Father's Name John Shepherd, Mother's Name Henrietta Jones

Cause of Death: Primary Retained products of Conception — How long sick 3 days.

Immediate Septicaemia Exhaustion.

Accident, Suicide, Homicide

137

Reported by J. F. R. Dufour M.D.

Address Halls, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full — Certificate of Death

Mary Annie Brown 3/16 XIII p.c.

Town — County

Died at Queen Anne — Prince Georges — MARYLAND

Date 1906 — Month Mch. — Day 15 — Age ~~Y.~~ ~~M.~~ ~~D.~~ 2 hours — Native of — Occupation

~~Male~~ — ~~White~~ — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband / Wife of

Father's Name Thomas Brown — Mother's Name Mary Agnes Brown

Cause of Death: Primary — How long sick

Immediate — Accident, Suicide, Homicide

179

Reported by Thomas Brown

Address Hardesty, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full: William Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: near Upper Marlboro — Town: Prince George — County

Date of death: 1906 — Month: March — Day: 30 — Years: 20 — Months: — Days:

Sex: Male — Color or Race: Black — Birthplace: Maryland

Occupation: Laborer — Where Residing if not at place of death: near Lulend

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Henry Brown — Father's Birthplace: Md

Mother's Maiden Name: Sherlot Beall — Mother's Birthplace: Md

Name of person giving In formation: Walter Brown — How related to deceased: Grandfather

PHYSICIAN OR CORONER

CAUSES OF DEATH

166

Primary: Accident — How long:

Immediate: Shock from internal injuries — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: J. Alfred Ridgely, Coroner

Address: Upper Marlboro, Md.

Accident or Suicide? Accident

Name in Full: Edward Browning

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince Geo

Date of death: Month: Mch; Day: 31st; 1906; Age: Years: 61; Months: "; Days: "

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male; Color or Race: White; Birthplace: Howard Co

Occupation: Laborer; Where Residing if not at place of death: Laurel

Married, Single or Widowed: W; Name of Wife or Husband: Nancy Taylor

Father's Name: Edward Browning; Father's Birthplace: Md

Mother's Maiden Name: Mary Worsley; Mother's Birthplace: Md

Name of person giving information: Elizabeth Browning; How related to deceased: Sister

112

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis Liver; How long: 1 year

Immediate: Asthenia; How long: five days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Hunt XX

Address: Laurel Md

Accident or Suicide?

Name in Full: Elias Burgess

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Clinton — Town; P.G. — County

Date of death: 1906 — Month: March — Day: 4th — Years: 62 — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Trucking — Where Residing if not at place of death: P.G. Co. Md

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Rebecca Burgess

Father's Name: Richardson — Father's Birthplace: Md

Mother's Maiden Name: " — Mother's Birthplace: "

Name of person giving information: Rebecca Burgess — How related to deceased: wife ~~friend~~

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 5 mo

Immediate: Exhaustion — How long: 30 days

66

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Wank

Address: Clinton Md.

Accident or Suicide?

Name in Full: Philip H. Butler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hyattsville — County: Prince George — Maryland

Date of death	Month	Day	Years	Months	Days
1906	March	1	Age 75	—	—

Sex: Male — Color or Race: White — Birthplace: Philadelphia Pa

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: Catherine Butler

Father's Name: Charles Butler — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Mary Louisa Bates — Mother's Birthplace: "

Name of person giving information: Mrs. Chas Walter — How related to deceased: Daughter

120

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency + Bright's disease — How long: 10 years

Immediate: " Failure — How long: Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W. Kammerer

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: Daniel Carson

CERTIFICATE OF DEATH

MARYLAND

Town: Branchville | County: Prince George

Died at — Date of death: 1906 March 2 | Age: 69 years 3 months days

Sex: Male | Color or Race: White | Birthplace: Maryland

Occupation: Watchman Gov. Dept | Where Residing if not at place of death: Branchville

Married, ~~Single~~ or Widowed | Name of Wife or Husband: Sarah L. Johnson

Father's Name: John Carson | Father's Birthplace: Ireland

Mother's Maiden Name: Mary E. Hyatt | Mother's Birthplace: New York State

Name of person giving information: Herbert Roby | How related to deceased: Son in Law

145

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bleeding sore on the stump of leg lie from | How long: about ten days

Immediate: Acute Cerebral Inflammation | How long: seven days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Hof

Address: Bettonville

Accident or Suicide?

Prince George County

Name in Full: Caroline Matilda Chaney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Bowie (Town) — P. G. Co. (County)

Date of death 1906: March (Month) 4 (Day)

Age: Years 69 — Months 0 — Days 9

Sex: Female — Color or Race: White — Birthplace: A. A. Co. Md.

Occupation: — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Married — Name of ~~Wife~~ or Husband: Summerville P. Chaney

Father's Name: Richard Carrick — Father's Birthplace: P. G. Co. Md.

Mother's Maiden Name: Sarah Ann Hardy — Mother's Birthplace: P. G. Co. Md.

Name of person giving information: Isabel Chaney — How related to deceased: Daughter in law.

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart Disease — How long: Four years

Immediate: Asphyxia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Springfield Md.

Accident or Suicide?

Name in Full: Unnamed, Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: C. Springs — Town; P.G. — County

Date of death 1906 — Month: March; Day: 6th

Age — Years: ; Months: ; Days: 2

Sex: Male

Color or Race: Ethiopian

Birthplace: Md

Occupation: Nursing

Where Residing if not at place of death: P.G. Co - Md

~~Married,~~ Single ~~or Widowed~~: ✓

Name of Wife or Husband: —

Father's Name: James Clark

Father's Birthplace: Md

Mother's Maiden Name: Lizzie Baker

Mother's Birthplace: Md

Name of person giving information: James Clark

How related to deceased: Father

CAUSES OF DEATH

179

Primary: Unknown — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. F. Gwaing

Address: Clinton Md.

~~Accident or Suicide~~?

No physician with her, that I know of
J. L. W.

Name in Full: Miss Fannie M. Condry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hyattsville — County: Prince George

Date of death 1906 — Month: March — Day: 30 — Years: 48 — Months: — — Days: 8

Sex: Female — Color or Race: White — Birthplace: Buckeystown Fred^k Co Maryland

Occupation: — — Where Residing if not at place of death: Hyattsville Md

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John Condry — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Caroline Stephens — Mother's Birthplace: Maryland

Name of person giving Information: A. S. Condry — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: 8 hrs

64

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Guy W. Hatimerritt

Address: Hyattsville Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Name in Full: Benjamin Franklin Crabb

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Laurel — County: Prince George

Date of death 1906 — Month: Mar — Day: 4 — Years: 70 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Emmittsburg, Md

Occupation: Miller — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Eliz. Crabb

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mrs. J. Baldwin — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis. — How long: 1 year

Immediate: Asthenia — How long:

(120)

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. C. Harley.

Address: Laurel, Md

Accident or Suicide?

Name in Full: Silly Finger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Marlboro — County: Prince George

Date of death 1906 — Month: March — Day: 3 — Age: Years 23 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Marlboro

Occupation: House Wife — Where Residing if not at place of death: Marlboro

Married, Single or Widowed: Widow — Name of Wife or Husband: Sidney Finger

Father's Name: Isaschack . Conaway — Father's Birthplace: Virginia

Mother's Maiden Name: Caroline Thornton — Mother's Birthplace: Virginia

Name of person giving information: Richard Brewer — How related to deceased: Brother Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 1 year

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: J. R. Shmidt

Address: Laurel Md

Accident or Suicide? —

Name in Full: Robert Fletcher

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Woodmore (Town) P. G. (County)

Date of death: 1906 Month: Mch Day: 6 Years: 40 Months: — Days: —

Sex: Male Color or Race: Black Birthplace: P. G. Co. Md.

Occupation: Farmer Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Marion Fletcher

Father's Name: + Father's Birthplace:

Mother's Maiden Name: Eliza Fletcher Mother's Birthplace: P. G. Co. Md.

Name of person giving In formation: Richard Jones How related to deceased: Father-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Pulmonary Phthisis (27) How long: 10 Months

Immediate: Phthisis How long: —

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jno. M. Duvall M.D.

Address: Springfield Md.

Accident or Suicide? —

Name in Full: Susan A. Glenn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hyattsville — County: Prince George

Date of death 190 — Month: March — Day: 26 — Age: Years 61 — Months 2 — Days 14

Sex: Female — Color or Race: White — Birthplace: Danville N.Y.

Occupation: Domestic — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Willington Glenn

Father's Name: Wm. Libby — Father's Birthplace: Conn

Mother's Maiden Name: ~~[illegible]~~ Greene — Mother's Birthplace: Unknown

Name of person giving information: Wm E Glenn — How related to deceased: Son

(4)

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemmorhage — How long: Ten days

Immediate: Exhaustion — Clot is supposed to have dislodged — How long: Ten days

Are the name, age, sex, color, date and place correctly given above? Approximately — Signature of Physician: C W Birdsall M.D.

Address: Hyattsville Md.

Accident or Suicide?

Name in Full: Pius Hamilton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Woodmore — County: Prince George

Date of death	Month	Day	Years	Months	Days
1906	Mch	3	Age 1	8	—

Sex: Male — Color or Race: Colored — Birthplace: Maryland

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husbend: —

Father's Name: Clem Hamilton — Father's Birthplace: Maryland

Mother's Maiden Name: Mollie Parker — Mother's Birthplace: Maryland

Name of person giving In formation: Clem Hamilton — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis — How long: 2 weeks.

Immediate: Tachycardia — How long: 1 week.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. R. Walker

Address: Halls, Md.

Accident or Suicide? —

Name in Full: Henry Hammond

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Aquenel

County: Pr George

Date of death: 1906 Month: March Day: 1 Years: 25 – Months: Days:

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Rose Johnson

Father's Name: Allen Hammond

Father's Birthplace: Va.

Mother's Maiden Name: Mary Alice Gruber

Mother's Birthplace: "

Name of person giving information: " " "

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La-Grippe

How long: About 3 week

(10)

Immediate: Congestion of Lungs

How long: one week.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. T. Brown

Address: Silver Spring

Geo.

Accident or Suicide?

Name in Full: Elnor Harrison

CERTIFICATE OF DEATH

MARYLAND

Town: Died at Laurel

County: Prince George

Date of death 190 6 Month 3 Day 19

Years Age 1 Months 2 Days 2

Sex: Female

Color or Race: Black

Birthplace: Laurel

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: infant

Name of Wife or Husband:

Father's Name: William Harrison

Father's Birthplace: P.G. Co.

Mother's Maiden Name: Rosa Blue

Mother's Birthplace: Laurel

Name of person giving information: Mother

How related to deceased:

92

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis & Pneumonia

How long: 5 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. P. Hurley

Address: Laurel, Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: James A Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: Prince George

Date of death: 1906; Month: March; Day: 18

Age: Years: ; Months: 6; Days:

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: —

Where Residing if not at place of death: Bowie

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Wm H Harrison

Father's Birthplace: Maryland

Mother's Maiden Name: Mary Fairfax

Mother's Birthplace: Maryland

Name of person giving In formation: Wm H Harrison

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition

179

How long: Since [redacted] birth

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Nelson A Rogers [redacted]

Address: Bowie Md

Accident or Suicide? No

Name in Full: Elizabeth G Hawkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Collington (County): Pr. G.

Date of death 1906: Month: Feb Day: 29

Age: Years: 2 Months: 2 Days: 7

Sex: Female Color or Race: Colored Birthplace: P G Co Md

Occupation: None Where Residing if not at place of death: —

Married, Single or Widowed: Name of Wife or Husband: None

Father's Name: Randall Hawkins Father's Birthplace: P. G. Co. Md.

Mother's Maiden Name: Ellen White Mother's Birthplace: P. G. Co. Md.

Name of person giving In formation: [redacted] Hawkins How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis How long: Few days

Immediate: Pneumonia How long: —

106

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Randall McE.

Address: Springfield Md.

Accident or Suicide?

Name in Full: William H Hebron

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Laurel — County: Prince Geo

Date of death 1906 — Month: March — Day: 21st — Age: Years: 35 — Months: " — Days: "

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: Laurel

Married, ~~Single~~ ~~Widowed~~: 2 yrs — Name of Wife or Husband: Susan Hebron

Father's Name: Wm H Hebron — Father's Birthplace: Md

Mother's Maiden Name: Lucy Franklin — Mother's Birthplace: Md

Name of person giving information: Susan Hebron — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lobar Pneumonia — How long: 8 days

Immediate: Cardiac failure — How long: —

93

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Taylor

Address: Laurel Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Beatrice Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Fairmont Heights — (County): Prince George

Date of death 1906	Month	Day	Years	Months	Days
	March	24	Age 20	3	

Sex: Female — Color or Race: Negro — Birthplace: D. C.

Married, Single or Widowed: Single — Occupation: Waitress

Name of Wife or Husband: ~~Step father Charles Cornish~~

Father's Name: — Father's Birthplace: D. C.

Mother's Maiden Name: Mary Johnson — Mother's Birthplace: Va

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart Disease — How long: 79

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Jones M. D.

Address: Deanwood Heights

Accident or Suicide?

PHYSICIAN OR CORONER

Md.

Name in Full: Leanna Jones.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Bellsville — (County): Pr. George

Date of death: 1906 — Month: Mar. — Day: 13 — Years: 14. — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Mont. County

Occupation — Where Residing if not at place of death: Bellsville

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Wm Jones — Father's Birthplace

Mother's Maiden Name: Jaulie Jones — Mother's Birthplace: Mont. Co.

Name of person giving Information: Reese Lancaster — How related to deceased: Not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Pegely

Address: Laurel Md.

Accident or Suicide?

27

Name in Full: Rebecca Hendrick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Aberdeen	County: Harford			
Date of death 190	Month: 3	Day: 18	Years: Age 62	Months	Days
Sex: Female	Color or Race: White		Birthplace: Harford Md		
Occupation: Housewife	Where Residing if not at place of death				
Married, Single or Widowed: Married	Name of Wife or Husband: Joseph Hendrick				
Father's Name: Benjamin Bayton	Father's Birthplace: Unknown				
Mother's Maiden Name: Catherine Hendrick	Mother's Birthplace: Unknown				
Name of person giving information: Joseph Hendrick	How related to deceased: Husband				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency (79)	How long: 1½ Mos
Immediate:	How long:
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Jerry Malloy M.D.
	Address: Aberdeen Md
Accident or Suicide?	

Name in Full: Wm Lane

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Bladensburg (Town) — Prince GEO (County)

Date of death: 1906 — Month: Mar — Day: 11

Age: Years: about 73 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Dont Know

Occupation: retired laborer — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed: — Name of Wife or Husband: —

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving information: Lufenia L Joyce — How related to deceased: step Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism (79) — How long: Probably 2 months

Immediate: Heart trouble (Atrophis) — How long: Probably 2 or 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V S Gaddy

Address: Hyattsville Md

Accident or Suicide?

Name in Full: Edward MacKay

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Riverdale — County: Md

Date of death 1906 — Month: March — Day: 20 — Age: Years 36, Months 8, Days 10

Sex: Male — Color or Race: White — Birthplace: Colorado

Occupation: Furniture Finisher — Where Residing if not at place of death: Riverdale Md

Married, Single or Widowed: Married — Name of Wife or Husband: Catherine MacKay nee Powell

Father's Name: — Father's Birthplace: ?

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: G Powell — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 wks

93

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W Palmer M.D.

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: David Martin

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Bladensburg (County): Prince Geo.

Date of death: 1906 Month: March Day: 9 Age: Years: 73 Months: — Days: —

Sex: male Color or Race: colored Birthplace: Va

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: married Name of Wife or Husband: Mary Martin

Father's Name: Dont Know Father's Birthplace: Va

Mother's Maiden Name: " " Mother's Birthplace: Va

Name of person giving Information: John Martin How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Grip How long: Six weeks

Immediate: Bronchitis How long: Nine weeks

(10)

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: T. S. T. Willis

Address: Upperville Md.

Accident or Suicide?

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Name in Full: Susan Meade

CERTIFICATE OF DEATH

MARYLAND

Died at: Rosecroft (Town) Pr. Geo. (County)

Date of death: 1906 Month: 3 Day: 21

Age: Years: — Months: 2 Days:

Sex: Female Color or Race: Colored Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Georg. S. Meade Father's Birthplace: Md

Mother's Maiden Name: Ola Bowles Mother's Birthplace: "

Name of person giving In formation: Clarence Tarnes How related to deceased: Cousin

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Infantile Convulsions How long: 2 weeks

Immediate: Inanition How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Thomas Naylor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westwood — County: Prince George

Date of death 190 6 — Month: 3 — Day: 5 — Age: Years 71 — Months 3 — Days 3

Sex: Male — Color or Race: White — Birthplace: P. G. Co. Md.

Married, Single or Widowed: Single — Occupation: Farmer

Name of Wife or Husband:

Father's Name: Thomas Naylor — Father's Birthplace:

Mother's Maiden Name: Miss Naylor — Mother's Birthplace:

Name of person giving information: John W. Jackson — How related to deceased: nephew

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebral Hemorrhage — How long:

Immediate: Same — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Morton Bowen

Address: Aquasco, Md.

Accident or Suicide? No.

PHYSICIAN OR CORONER

Name in Full: William Newman

CERTIFICATE OF DEATH

MARYLAND

Town: Aquasco — County: Prince George

Died at: Aquasco

Date of death: 1906 — Month: 3 — Day: 10

Years: 3 — Months: 9 — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Pr. Geo. Co. Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: James Newman — Father's Birthplace: Md

Mother's Maiden Name: Sallie Lyles — Mother's Birthplace: "

Name of person giving In formation: James Lyles — How related to deceased: Half-brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Whooping Cough — How long: 3 mo

Immediate: Bronchi-Pneumonia — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Barry Malloy

Address: Aquasco, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

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Name in Full: Sarah E. Ritchard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Balto. County:

Date of death	Month	Day	Years	Months	Days
1906	3	12	Age 55	6	

Sex: Female

Color or Race: White

Birthplace:

Occupation: Housewife

Where Residing if not at place of death: Laurel. Md

Married, ~~Single~~ or ~~Widowed~~

Name of Wife or Husband: C. A. Ritchard

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Nephritis

How long: 6 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address:

Accident or Suicide?

Name in Full: Agnes Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosecroft — County: Pr. Geo.

Date of death 1906 — Month: 3 — Day: 8 — Years: 23 — Months: 9 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: Servant. — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Francis Proctor — Father's Birthplace: Md

Mother's Maiden Name: Sarah Butler — Mother's Birthplace: "

Name of person giving information: Charles Proctor — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis — How long: 2 yes

Immediate: Emaciation + Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rosecroft Md.

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Valgine Ransom

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bladensburg — County: Prince Georges

Date of death 1906 — Month: March — Day: 29 — Age: Years — Months: 7 — Days: 29

Sex: Girl — Color or Race: Colored — Birthplace: Bladensburg

Occupation: Baby — Where Residing if not at place of death: Bladensburg

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John W Ransom — Father's Birthplace: N. C.

Mother's Maiden Name: Bassie Burt — Mother's Birthplace: N. C.

Name of person giving information: John & Bassie Ransom — How related to deceased: Parents

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Capillary Bronchitis — How long: 2 days

Immediate: congestion of Lungs — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V L Parry

Address: Hyattsville

~~Accident or Suicide?~~

Name in Full: John S Rawlings

CERTIFICATE OF DEATH

MARYLAND

Died at: North Keys (Town) Pr Geo (County)

Date of death: 1906 Month: March Day: 20 Years: 58 Months: Days:

Sex: Male Color or Race: White Birthplace: Md

Occupation: Clerk Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband:

Father's Name: John V. P. Rawlings Father's Birthplace: Md

Mother's Maiden Name: Della Perrie Mother's Birthplace: "

Name of person giving information: Jas W. Rawlings How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever (1) How long: 4 weeks

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

PHYSICIAN OR CORONER

Name in Full: Richardson

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Forestville (County): Prince George

Date of death: 1906 Month: 3 Day: 6 Age: Years — Months — Days —

Sex: Male Color or Race: White Birthplace: Md

Occupation: none Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Pembroke Richardson Father's Birthplace: Md

Mother's Maiden Name: Rosan Hayes Mother's Birthplace: Md

Name of person giving Imformation: Pembroke Richardson How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Still Born How long: —

Immediate: How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Mary Ridgely

Address: Mid wife Seat Pleasant Md.

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Name in Full: James R Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oak Grove; County: Prince George

Date of death: 1906; Month: 3; Day: 25; Age: Years 43; Months —; Days —

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Storekeeper; Where Residing if not at place of death: —

~~Married, Single or Widowed~~: Single; Name of Wife or Husband: —

Father's Name: W W Smith; Father's Birthplace: Md

Mother's Maiden Name: Anna M Smith; Mother's Birthplace: —

Name of person giving information: James Vernon; How related to deceased: None

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Complication of diseases; How long: 2 yrs

Immediate: Heart failure Sudden; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sansbury MD

Address: Gambrills Md

Accident or Suicide? Neither

PHYSICIAN OR CORONER

Name in Full: Alice Stonnell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Hyattsville County: Prince George

Date of death 1906 Month: March Day: 10 Years: — Months: — Days: 10

Sex: Female Color or Race: White Birthplace: M.d.

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband: —

Father's Name: George Stonnell Father's Birthplace: M. d

Mother's Maiden Name: Alice Beedy Mother's Birthplace: M. d.

Name of person giving In formation: George Stonnell How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure (179) How long: since birth

Immediate: How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Guy W. Palmerston

Address: Hyattsville Md

Accident or Suicide? Neither

Name in Full: John T. Tippett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Arne; County: Prince George

Date of death 1906: Month: 3; Day: 29; Years: 67; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Crisfield

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband:

Father's Name: J. T. Tippett; Father's Birthplace:

Mothar's Maiden Name: ; Mother's Birthplace:

Name of person giving In formation: Fletcher Tippett; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephretis (120); How long:

Immadiate: Uraemia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Morton Bowen

Address: Cognasco, Prince George Co. Md.

Accident or Suicide? No.

PHYSICIAN OR CORONER

Name in Full: Susan Walls

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Lakeland — County: Prince George's

Date of death: 1906 — Month: March — Day: 10

Age: Years: 64 — Months: 10 December — Days: 17 2

Sex: Female — Color or Race: Colored — Birthplace: Virginia

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: John Walls — Father's Birthplace: Virginia

Mother's Maiden Name: Genie West — Mother's Birthplace: Virginia

Name of person giving information: Nannie Johnson — How related to deceased: Daughter

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: About 2 years

Immediate: Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: R. F. Etienne

Address: Berwyn Md

Accident or Suicide?

Name in Full: Ellen Francis Woodrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Forestville (County) Prince George MARYLAND

Date of death 1906 Month 3 Day 26 Age Years 35 Months ~~8~~ Days ~~18~~

Sex Female Color or Race Colored Birthplace Md.

Occupation Housework Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Sandy Woodrow Father's Birthplace Md.

Mother's Maiden Name Mintie Smith Mother's Birthplace Md.

Name of person giving information John Woodrow How related to deceased Brother.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Complication of diseases How long 3 yrs

Immediate General Debility - How long 3 months.

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John E Sansbury M.D.

Address Forestville Md.

Accident or Suicide? Neither.